| New_____ Renewal_____ |

City of

Salina

APPLICATION FOR MERCHANT SECURITY SERVICE LICENSE

Name of Company: _____

Address _____ Phone: _____

Business Owner(s) _____

Address _____ Phone _____

Date of birth _____ Social Security Number _____

****

OWNER INFORMATION

Are you also applying for a Merchant Security Guard permit? **Yes** ☐ **No** ☐

| If yes, you will **NOT** be required to fill out an individual application. A fee of $50.00 will be added to your application fee. |

Have you ever been convicted of any felony, misdemeanor or ordinance violation? **Yes** ☐ **No** ☐

If yes, state when, where and for what offenses.

DATE	WHERE	OFFENSE

Have you **EVER** had a judgement or conviction for fraud, deceit or misrepresentation entered against you? **Yes** ☐ **No** ☐
If yes, state the date and place of occurrence, nature of the offense, and penalty imposed:

DATE	WHERE	OFFENSE	PENALTY IMPOSED

I understand that the fingerprints of the owner/applicant and each person involved in the management of the service must be on file with the Salina Police Department.

I understand that a recent picture of the owner/applicant and each person involved in the management of the service must be submitted with this application.

I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business. I agree my license may be revoked or suspended if I am found to have violated such requirements or regulations or if I have misrepresented any facts in this application.

_____   _____
Signature of owner   Date

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SERVICE INFORMATION

Service to be offered and area expected to be covered in the conduct of the business:_____

_____

Number of employees to be employed by the service: _____

****

MANAGEMENT INFORMATION

> ***Please Note that each management personnel obtaining a security guard permit will <u>NOT</u> be required to fill out the individual application. An additional fee of $50.00 per permit will be added to the license fee.**

Manager, if different, or other person involved in daily management _____

Address _____ Phone _____

Date of birth _____ Social Security Number _____

Will you also be applying for a merchant security guard permit? **Yes** ☐ **No** ☐

If No, please skip the next two questions, read the statement then date and sign.

Have you **EVER** been convicted of **ANY** felony, misdemeanor or ordinance violation? **Yes** ☐ **No** ☐
If **yes**, state the date and place of occurrence, nature of the offense, and penalty imposed:

DATE	WHERE	OFFENSE	PENALTY IMPOSED

Have you **EVER** had a judgement or conviction for fraud, deceit or misrepresentation entered against you? **Yes** ☐ **No** ☐
If **yes**, state the date and place of occurrence, nature of the offense, and penalty imposed:

DATE	WHERE	OFFENSE	PENALTY IMPOSED

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_____   _____
           Signature   Date

Any other officers, directors or other persons actively involved in the management of the business:

Name _____ Title _____

Address _____ Phone _____

Date of birth _____ Social Security Number _____

Will you also be applying for a merchant security guard permit? **YES** ☐ **NO** ☐
If No, please skip the next two questions, read the statement then date and sign.

Have you **EVER** been convicted of **ANY** felony, misdemeanor or ordinance violation? **Yes** ☐ **No** ☐
If **yes**, state the date and place of occurrence, nature of the offense, and penalty imposed:

DATE	WHERE	OFFENSE	PENALTY IMPOSED

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_____   _____
                     Signature   Date

Any other officers, directors or other persons actively involved in the management of the business:

Name _____ Title _____

Address _____ Phone _____

Date of birth _____ Social Security Number _____

Will you also be applying for a merchant security guard permit? **Yes** ☐ **No** ☐
If No, please skip the next two questions, read the statement then date and sign.

Have you **EVER** been convicted of **ANY** felony, misdemeanor or ordinance violation? **Yes** ☐ **No** ☐

If **yes**, state the date and place of occurrence, nature of the offense, and penalty imposed:

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_____   _____
                   Signature   Date

****

Number of Guard Permits ____ x $50.00= _____ + Service Fee $150.00 = \_$_____
        Date _____   Receipt No. _____   Received by _____

****

Certificate of Police Department

I certify that I have reviewed this application and the applicant and others involved in the management of the business have met the qualifications necessary for a merchant police service license. The fingerprints of applicant and other management personnel are on file.   APPROVED/ DISAPPROVED

_____   _____
Date   Police Department
****

Certificate of City Clerk

The applicant has a current five hundred thousand-dollar ($500,000) certificate of single limit public liability insurance and a ten thousand ($10,000) bond on file in this office, as required by the Salina Code.
APPROVED/DISAPPROVED

_____   _____
 Date   City Clerk
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